

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 578370

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		6		6		
8		6		6		
9		6		6		
10		6		1		
11		6		1		
12		6		1		
13		6		1		
14		6		1		
15		6		1		
16		6		1		
17		6		1		
18		6		1		
19		6		1		
20		6		1		
21		6		1		
22		6		1		
23		6		1		
24		6		1		
25		6		1		
26		6		1		
27		6		1		
28		6		3		
29		6		1		
30		6		1		
31		6		1		
32		6		1		
33		6		1		
34		6		1		
35		6		2		
36		6		1		
37		6		1		
38		6	1			
39		6		1		
40		6		1		
41		6		1		
42		6		1		
43		6		1		
44		6		1		
45		6		1		
46		6		1		
47	1		1			
48		1		1		
49		6		1		
50		6		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52	1		1			
53	1		1			
54		1		1		
55		1		1		
56		6	1			
57		6	1			
58		6		1		
59				1		
60				1		
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96						
97						
98						
99						
100						
TOTAL IND.	4	↓	7	↓		↓
TOTAL DEP.	67	←	66	←		←
TOTAL CLAIMS	71		73			